

EXHIBIT B

MAGAZINES

5042 Wilshire Blvd, Suite 24866
Los Angeles, CA 90036

Customer Service: (800)259-7323
info@magazineassociation.info



Authorized Dealer

Bill To:

George Gerharz

Milwaukee, WI 5

Remaining Balance: \$59.99

Payment Method: INVOICE

Ending in: N/A

Exp Date: N/A

Ship To:

George Gerharz

ST

Milwaukee, WI

Billing Phone:

Order Date: 7-Oct-13

Product	Quantity	Total
Atlantic Monthly	3y	59.99 (Unpaid)

PAYMENT DUE

Cancellation Policy:
ALL SALES FINAL!

Grand Total: \$59.99

Print Name: _____

Signature Name: _____

Date: _____

SF

Magazines

5042 Wilshire Blvd Suite 24866
Los Angeles, CA 90036
(800) 256-3241

ONE TIME CREDIT CARD PAYMENT AUTHORIZATION FORM

Sign and complete this form to authorize Magazines to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize Magazines to charge my credit card account indicated below for \$ _____ on or after ____/____/____. This payment is for the renewal/purchase of the magazine subscriptions list on the attached invoice.

Billing Address: _____ Phone: _____
City State ZIP: _____ Email: _____

Account Type: _____ Visa _____ MasterCard _____ AMEX _____ Discover

Cardholder Name: _____

Account Number: _____

Expiration Date: _____

CVV2: _____

*3 digit number on back of Visa/MC, 4 digits on front of AMEX

If you prefer to have your balance split into easy monthly payments, please check one of the following options. Otherwise the total balance for your order will be processed as one payment. Payment plans are automatically processed on the same day every month as the first payment until all payments are successfully processed.

_____ Please split my order into 3 equal automatic monthly payments
_____ Please split my order into 2 equal automatic monthly payments

Signature: _____ Date: _____

I authorize Magazines to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described on the attached invoice, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.